

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 52a

Registered No. _____

1. PLACE OF BIRTH

County CochiseState Arizona

Township _____

or Village _____

City DouglasNo. 718- H. Ave. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Garye Kaitala Salasay

{ If child is not yet named, make supplemental report, as directed

3. Sex male

If plural births _____

4. Twin, triplet, or other _____

6. Premature _____

7. Legitimate _____

8. Date of birth 8/14/1929

(Month, day, year)

5. Number, in order of birth _____

Full term _____

mate? yes9. Full name FATHER
Jose Salasay18. Full maiden name MOTHER
Teressa Palma10. Residence (usual place of abode)
(If nonresident, give place and State) Douglas19. Residence (usual place of abode)
(If nonresident, give place and State) Douglas11. Color or race Mex.12. Age at last birthday 43 (Years)20. Color or race Mex.21. Age at last birthday 40 (Years)

13. Birthplace (city or place) _____

(State or country) Mex.

22. Birthplace (city or place) _____

(State or country) Mex.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Laborer24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

16. Date (month and year) last engaged in this work _____

17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____

26. Total time (years) spent in this work _____

27. Number of children of this mother 5(At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____

{ months
or weeks

29. Cause of stillbirth _____

{ Before labor _____

{ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6 P. m. on the date above stated
(Born alive or stillborn){ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.(Signed) W. A. Mason

M. D.

or _____

Midwife

Given name added from
a supplemental report _____729-814- (Date of) 3/7/31

Registrar.

Address _____

Filed 3/1 19 30 G. A. Mason

Registrar.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the name in order of birth stated.